NORTH EASTMAN HEALTH ASSOCIATION INC.
Association de santé du Nord-Est inc.

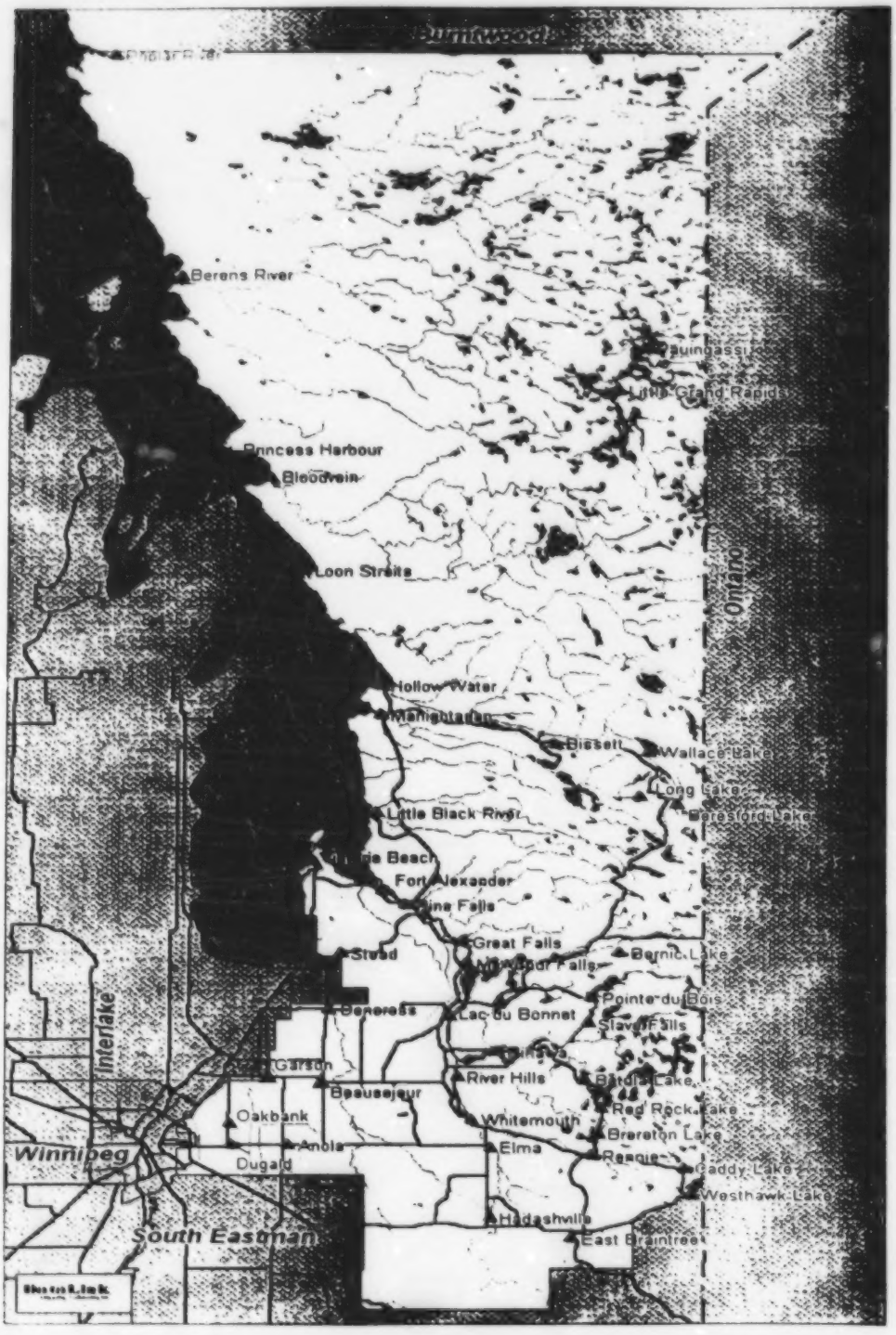
NEHA

ANNUAL REPORT

1999/2000

(April 1, 1999 – March 31, 2000)

September 30, 2000



North Eastman Regional Map

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NEHA

North Eastman Health Association Inc.
Mission, Vision, Values

Our Mission:

"The North Eastman Health Association strives to promote effective, equitable, accessible, integrated, responsive and cost efficient health programs and services to meet the needs of our population."

Our Vision:

"Working together to empower individuals, families and communities to pursue optimum health through healthy lifestyles."

Our Values:

The following principles and values will provide the guidance and framework in which the North Eastman Health Association will operate. The North Eastman Health Association believes in…

- Treating all people with compassion, respect and understanding.
- Recognizing and respecting people's ethnic and cultural heritage.
- Recognizing the family as an integral system within our communities.
- Respecting alternative and traditional healing practices.
- Taking a proactive approach to health and lifestyle education.
- Developing trust through open and honest communications.
- Acknowledging the value of life through recognition of individual preferences.
- Developing an integrated health system where people have reasonable and timely access to sustainable, appropriate, quality health services.
- Emphasizing the importance of individual responsibility for health, recognizing the right and responsibility of people to make informed choices in decisions affecting their health.
- Consulting with stakeholders in the development of appropriate, effective and evidence based health service planning.
- Respecting the confidentiality of client information.
- Pursuing the continuous improvement of the full continuum of health services.
- Being accountable to the people of the region.
- Recognizing the value and contribution of our employees and health professionals as our main providers of health services.
- Recognizing the value and contribution of volunteers.

June 28/99

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1. INTRODUCTION

1.1 Board Chair Report – Don Mazur

It has been my distinct pleasure to have served the region during the 1999/2000 fiscal year in the capacity of Chairman and to present on behalf of the Board of Directors, the annual Chairman's report.

The 1999/2000 fiscal year presented many opportunities as well as challenges and it is with a sense of accomplishment that I reflect on the activities of the Association during this period of time.

In our desire to move forward towards a system that fosters and supports health promotion and disease prevention, we want to ensure effective and affordable service delivery. Our desire is to empower people, communities and health professionals of our region and strengthen family and community based support in prevention approaches. Our ultimate goal is to maintain essential and appropriate services while at the same time reducing health inequities within the region.

The North Eastman Health Association Inc. Board of Directors experienced some changes in its membership during 1999/2000 as we said good bye to three members, Ms. Denise Joss, Ms. Jeanne Kozak and Mr. Peter Cliche. All of these individuals have been instrumental in the success of the Board of Directors and we wish them all the very best in their future endeavours.

The North Eastman Board of Directors continued to work proactively with the District Health Advisory Councils. A planning session was organized by the Board, so as to flesh out the roles and responsibilities of the DHACs. Without question, the DHAC members have participated in health planning within this region and have brought a community perspective to the table. The Board is very proud of the positive working relationship it has been able to establish with DHACs and PAC but recognizes that both have continued to evolve. We extend our appreciation to these Councils for their dedication, diligence and the willingness to share their knowledge and experience.

The Board continues to grow and develop as a team, all the while recognizing each member's unique contribution.

The North Eastman Health Association Board of Directors is pleased with the end results of the past fiscal year. With regionalization, we have seen positive outcomes, which is without question the result of working constructively with Manitoba Health.

Communication with our communities and with our staff has been identified as a major area of importance for the Board. As a result, newsletters, staff meetings, open Board meetings, Annual General Meetings, media updates, meetings with Municipal Councils, etc. have all been implemented. District Health Advisory Councils also take a significant role in keeping communication flowing.

I commend my fellow RHA Board members for the effort, commitment and dedication to the task they have demonstrated in carrying out their duties and responsibilities over the past year. I cannot let this occasion pass without stressing the importance of regionalization and I would be remiss if I failed to acknowledge and commend the dedication work of the members of our staff, physicians and volunteers.

To continue to be successful, I believe we need to proactively strengthen our

organization, and continue to forge alliances with local health care providers, local municipal governments and other organizations. Through collaborative action we have the best chance of improving the health of individuals and fostering the development of healthy communities.

1.2 Chief Executive Officer Report – Todd Stepanuik

It is indeed a distinct privilege for me to provide this Chief Executive Officer's Report of the activities for the 1999/2000 fiscal year. The 1999/2000 fiscal year was a busy year and I feel privileged to have had the opportunity to work alongside such dedicated and caring Board members, colleagues, and staff.

In April, 2000 the region, after conducting an exhaustive review and analysis made the transition to a new organizational structure which saw the emergence of a more effective and efficient system including the creation of both a Human Resources Manager and Medical Officer of Health position for the region and the hiring of two new VPs to replace vacancies.

The Region has also continued to concentrate its efforts on the development of enhanced communication strategies to our stakeholders. The Board of Directors has continued to make a wholehearted commitment to providing honest, timely and straightforward communication to its stakeholders. As a result, the inaugural North Eastman Health Association Service Directory was developed and distributed in the fall of 1999 to every household in the region. The Association acknowledges the critical importance of striving to improve strategies that are already in place and work to develop new ways to reach our consumers.

For the year ending March 31st, 2000 the region generated a shortfall in the amount of $314,964. Baseline funding without question continues to pose a daunting challenge for the Association and we continue to work in close collaboration with Manitoba Health in addressing this deficiency.

Capital planning continues to be a major thrust for the Region as construction for both the Kin Place Health Complex (40 bed Personal Care Home and Primary Health Care Centre) and the Beausejour Health Centre (30 bed Acute Care Facility and Primary Care Centre) have begun in earnest during this year with Kin Place tentatively scheduled to open in August, 2000 and Beausejour tentatively scheduled to open in February 2001. In addition, the region will also be proceeding with renovations to community health offices in Seymourville and Bissett during the next fiscal year.

Over the past year the Association proceeded with the implementation of an Interfacility Patient Transport Service (first region in Northern and Rural Manitoba) to complement the EMS system in order to ensure the provision of a more appropriate and cost-effective service for clients not requiring the use of an ambulance. In addition, the organization is very proud to have had the opportunity to enhance and augment a variety of programs and services during the past year.

Although the Association is not scheduled for it's inaugural regional accreditation until June 2000, a large majority of planning, preparation and work was done throughout the past 12 months. The region embraced accreditation and continuous improvement initiatives that demonstrate our commitment to providing high standards of care to our residents and to ensuring we meet the health care

needs of our stakeholders in the best way possible.

Although we are pleased with our accomplishments to date, we continue to have many challenges ahead. As we look ahead to the upcoming year, opportunities for improvement of health of our citizens and communities will come from the fostering of strong partnerships, the ongoing financial stability of the organization and sound strategic planning. Without question we are very pleased that we have been able to accomplish so much in a relatively short period of time.

My message would not be complete without taking the opportunity to celebrate the diverse gifts and talents of those involved in serving in North Eastman. Special recognition must be given to the Board members for their insight and dedication in these times of change; to members of the Management Team for their support and eagerness to accept new challenges as we strive to be all that we can be; to members of our staff, our physicians and our volunteers for being the hands and the hearts of North Eastman as they deliver outstanding service to our patients, residents, and clients.

It has without question, been a pleasure to assist with the continuing development of our very dynamic organization.

I trust that you will find the accompanying Annual Report to be both informative and insightful.

1.3 Board Member Profiles

Don Mazur, Chairman
Beausejour

Teacher, President of North East Waste Management Authority, former Mayor for the Town of Beausejour, Director of Beausejour Brokenhead Recreation Commission, Director Beausejour Brokenhead Planning District, Director of Beausejour Brokenhead Development Corporation, past Director of East-Gate Lodge Board and past Director of the Beausejour and District Health Board.

N. Peter Cliche, Vice-Chairman
Pinawa

Former CEO of Pinawa Hospital, Coordinator of the Pinawa Ambulance Service, past President of the Two Rivers Seniors Resource Council, Administrative Consultant during construction of the Whitemouth District Health Centre, past Director and President of the Manitoba Association of Fire chiefs, past President of the Pinawa Lions Club, past Chairman of the Pinawa Lutheran Church, past President of the Manitoba Association of Institutional Laundry Managers.

Edna Kozyra, Treasurer
Beausejour

Retired Municipal Administrator for the R.M. of Whitemouth and the R.M. of Brokenhead, former Councilor and Deputy Mayor of the Town of Beausejour, former Treasurer and Director for the Association of Community Living, Beausejour Branch, former Treasurer of the East-Man Regional Development Corporation, former Director of the Board of the Beausejour Lions Lodge (seniors' residence), former Chairperson, Health & Social Welfare for the Town of Beausejour, former Vice-Chairperson of East-Gate Lodge Personal Care Home.

Lorraine Neal, Secretary
Belair

Freelance writer, former Transit Bus Operator and Instructor for Winnipeg Transit, Chair of Regional Library Allard Board, Chair of Beaches Christmas Cheer Hamper Board, Leader for TOPS Grand Marais Chapter #5015.

Rod Demoline
Lac du Bonnet

Councilor for the Town of Lac du Bonnet, former District Services Manager of Manitoba Telephone System, Director of Manitoba Model Forest, Board Member and former Vice Chair of the Lac du Bonnet Community Centre, Treasurer of Grace Lutheran Church, Vice Chair of Park Manor Life Lease Board, member and former President of Lac du Bonnet Lions Club, former President of Lac du Bonnet and Portage la Prairie Curling Clubs, Board member of the Winnipeg River Recreation District, member of the Telephone Pioneers of America, former Board member of the Winnipeg River Health District.

Egon Hartwich
Whitemouth

Body Shop Manager, Director of Finance for Whitemouth Water Co-Op, Board member and Chairman of local Church, former Treasurer of the Whitemouth & District Chamber of Commerce, former Treasurer of the Whitemouth Recreation Association, former Chairman of the Executive Finance Committee for the Whitemouth District Health Centre, former School Trustee Agassiz School Division #13.

Denise Joss
Dugald

A teacher specializing in teaching and integrating multi-challenged children into their home schools (17 years), teacher representative on her school's Parent Advisory Council, past Vice-President, Treasurer and Membership Chairperson for the Manitoba Chapter of the Division of Early Childhood Educators, former Chairperson of the Kin Place Complex in Oakbank, former Chairperson of the Oakbank Personal Care Home fundraising Board.

Ralph Kennedy
Oakbank

Former Chair of the Recreation Committee of the Winnipeg Board of Parks and Recreation, former President of Child and Family Services of Eastern Manitoba, former Councilor R.M. of Springfield, former President of Thoroughbred Horsemen's Association of Manitoba, and Vice-President of Thoroughbred Horsemen's Association of Canada, former Vice-Chairman of Manitoba Council on Aging.

Karen Kost
Lac du Bonnet

Project Coordinator for Mrs. Lucci's Second Hand Store Resource Centre, former Special Needs Teacher, former Administrative Assistant and member of the Lac du Bonnet Chamber of Commerce, former Chairperson of the Lac du Bonnet Tourism Action Committee, Founding member of the Lac du Bonnet New Friends Mentorship Program.

Jeanne Kozak
Hadashville

Chief Administrative Officer for the R.M. of Reynolds, Emergency coordinator of the R.M. of Reynolds E.M.O. Emergency Plan, former Director on the Ste. Anne Hospital Board, former Director on the Manitoba Municipal Administrators' Association, former Committee member on the Advisory Committee of the

Continuing Education Division of the University of Manitoba, former Fine Option Coordinator, Manitoba Justice, Community & Youth Correctional Services.

William McGee
Beausejour

Field Representative and Organizer for Construction & Specialized Workers Union Local 1258, self-employed Construction Contractor, experience in major construction projects (20 years), volunteer attendant (emergency first responder) for the Beausejour and District Ambulance Service, former health facility maintenance staff member, former R.C.M.P. Civilian employee, trained Nursing Assistant and Housekeeping and Laundry Assistant.

Bradley Robertson
Pine Falls

Former Municipal Administrator and Certified Nursing Assistant. Past Treasurer of the Pine Falls Legion, Director of the Winnipeg River Seniors Services, Commissioner for the Workers Compensation Board, Chairman of the Final Level of Appeal (WCB).

Larry Starr
First Nations representative

Health Manager, Southeast Resource Development Council Corporation. Former Chairperson of the Manitoba Community Wellness Working Group, Chair of Mental Health Sub-Committee. Involved in two National First Nations Health Committees on behalf of Manitoba, former First Director of Native Interpreters Program Children Hospital-Winnipeg, former Headman (Chief) Winnipeg Indian Council, former Vice-President, Winnipeg Region, Manitoba Indian Brotherhood, former Grand Chief, Four Nations Confederacy; former Executive Director/Administrator of First Nations Confederacy, former Director of St. Boniface Hospital Board, former Board Member of St. Amant Centre, former Reserve (Militia) Army Sergeant, former Board Member of the Canadian Paraplegic Association.

1.4 Board Goals and Actions Taken

I. Create healthy living focus with an increased commitment to health promotion and disease prevention activities.

a) *To establish a regional resource centre.*
- Planning for Primary Health Care Centres in the region includes development of resource centres at each site.

b) *To provide coordination of delivery of regional health promotion activities to promote healthy lifestyle choices.*
- Primary Health Care Centres and the primary health care focus has been chosen as the mode for delivery of community health services, with development in the future of Centres in each of the five districts in the region (Springfield, Brokenhead, Iron Rose, Winnipeg River, Blue Water).

c) *To implement a Heart Health Project in the Beausejour/ Brokenhead District.*
- Future planning includes development of Wellness Facilitator roles in each of the Primary Health Care Centres.

d) *To implement immunization coordination of vaccine preventable diseases.*
- Regional Immunization Coordinator position was created to develop a regional immunization program.

e) *To establish Child Health Clinics for the three to four year old age group.*
- Collaboration with Agassiz School Division No. 13 occurred in offering a preschool clinic in Beausejour.

f) *To increase time spent in school to encourage and support healthy lifestyle choices.*
- Involvement of Public Health Nurses in the schools varied in relation to priority health needs identified by the school and nurse availability.

g) *To provide nutrition services in the community.*
- Two Clinical Dietician positions were created in the region to provide community consultation and support to the hospitals and personal care homes.

II. Enhance and expand the range of service available to Seniors

a) *To increase development of a regional Community Support Program for seniors.*
- The Regional Support to Services Coordinator position was maintained at 0.4 EFT.

b) *To develop a Community Resource Council in the RM of Brokenhead.*
- Ongoing discussions are occurring regarding the development of a Community Resource Council in the RM of Brokenhead as is in place in other districts in the region.

c) *To develop a Congregate Meal Program in Garson.*
- Ongoing discussions are occurring regarding the development of a Meal Program in Garson.

d) *To enhance staff educational opportunities by increasing educator position to 1.0 EFT.*
- Staff Educator position in Long Term Care increased from 0.5 to 0.7 EFT.

e) *To implement an Injury Prevention Program related to lifts and transfers.*
- Patient lifts were purchased for many of the facilities in the region; staff training occurred related to prevention of back injury and the safe use of mechanical lifts.

f) *To increase regional Social Work support to Long Term Care.*
- Not implemented due to lack of available funds.

g) *To develop a coordinated pool of volunteers.*
- The position of Coordinator of Volunteer Services was not implemented due to lack of available funds.

h) *To increase Adult Day Program opportunities.*
- Adult Day Program in Pine Falls was increased by one day per week; planning occurred regarding the development of a program in Victoria Beach.

III. Enhance and expand Mental Health Services throughout the region.

a. *To improve the coordination of psychogeriatric services.*
- Funding was received to increase Psychiatric consultation and planning underway to recruit the services of a Geriatric Psychiatrist for the region.

b. *To provide long term support to persons with severe and persistent mental illness.*
- Not implemented due to lack of available funds.

c. *To promote mental health of children, adolescents and their families.*
- Funding received to increase psychiatric consultation and planning underway to recruit the services of a Child-Adolescent Psychiatrist.

d. *To promote healthy communication and develop addiction intervention strategies.*
- Not implemented due to lack of available funding.

IV. Improve accessibility to health care programs and services.

a. *To reorganize Diagnostic Services to meet workload demands.*
- Diagnostic Services in Pine Falls received augmented clerical support to assist in the management of increased volumes.

b. *To increase diagnostic ultrasound services in the region.*
- Proposal for mobile ultrasound services was developed in collaboration with the Interlake Regional Health Authority.

c. *To develop partial EMS staffing at three sites.*
- Four full-time Ambulance Attendants were recruited to assist with the staffing of the Beausejour, Lac du Bonnet, Pinawa and Whitemouth Ambulance Services.

d. *To develop a regional Rehabilitation Unit.*
- Not implemented due to lack of available operational funds and space.

e. *Accessible, timely Home Care assessments.*
- Additional Resource Coordinator (1.0 EFT) and Case Coordinator (1.0 EFT) positions created for the region.

f. *To develop a planning position to work with First Nations people.*
- Not implemented due to lack of available funding.

V. To create and sustain a workplace environment that promotes performance excellence, employee participation and personal growth.

a. *To develop an emphasis on staff continuing education needs.*
- Regional Education Committee formed to develop regional plans to meet continuing education needs of staff.

b. *To coordinate the introduction of a continuous improvement philosophy and management of risk.*
- Quality Program initiated with the recruitment of the position of Manager of Quality; preparation for the first Regional Accreditation undertaken as the initial step in the quality journey of the organization.

c. *To implement an Employee Assistance Program.*
- A proposal was developed in collaboration with the other Regional Health Authorities in the province.

d. *Creation of dedicated Human Resources function.*
- The positions of Human Resources Manager (1.0 EFT) and Human Resources Officer (0.4 EFT) were developed to provide leadership to recruitment and retention of staff for the organization.

e. *To support the ongoing Community Health Assessment process.*
- The Manager of Quality position created during the year will provide coordination of the Community Health Assessment activities in addition to other duties.

1.5 Health Authority Communications

Communication with residents of the North Eastman Region remains a high priority for the Association. Publication of the Service Directory and distribution to households in the region provided information on how to access health, education and social services in the region. In addition, the Association developed a regional display of health programs and services that are widely used by members of the District Health Advisory Councils at the many Health Fairs throughout the region. The NEHA Web Site continues to grow and offer more information regarding the Association. The development of the Wide Area Network has provided valuable access to email and Internet for employees across the region.

2. HEALTH STATUS

2.1 Health Status Highlights

The overall health status of the residents of the North Eastman Region continues to be below average in relation to the residents of the province of Manitoba as a whole. Significant disparity also exists within the Region with lower health status among residents of the northern areas.

North Eastman residents have a higher than average rate of premature death, considering only those deaths which occur before 75 years of age. Of significant concern is the number of deaths as the result of motor vehicle accidents, drowning and suicide. Considering all deaths that occurred in the Region during the same period of time, the top three causes were heart disease, cerebrovascular disease (stroke) and lung cancer. All of the above causes of death can be attributed, directly or indirectly to lifestyle factors such as smoking, alcohol consumption, diet, exercise and to broader determinants of health. In the 1996 National Population Health Survey, North Eastman residents reported higher than average incidence of cigarette smoking, heavy alcohol consumption, inactivity and lower than average psychological well-being. At the same time, residents were found to have a higher than average incidence of obesity and rate of unemployment. Among reportable communicable diseases, the Region has a higher than average incidence of chlamydia and shigellosis with a steady increase in the incidence of these diseases between the years 1996 to 1998.

The health of North Eastman children and First Nations residents is of particular concern. The rate of infant mortality in the Region is higher than the provincial average and the Region has one of the highest rates of low birth weight in the province of Manitoba. While the incidence of teenage pregnancies has decreased considerably for the Region as a whole in recent years, it continues to be very high among residents of North Eastman First Nations communities. Immunization against common childhood diseases continues to be one of the most successful disease prevention strategies. Immunization rates for infants and children for North Eastman are just slightly lower than average when compared to the province.

First Nations residents continue to experience a significant burden of illness from diabetes, with prevalence twice that of non-First Nations residents. Chronic health conditions frequently associated with diabetes include heart and cerebrovascular disease, both leading causes of death in the Region.

In recent years residents of the Region have experienced positive health outcomes. The incidence of tuberculosis (TB) in the Region decreased between the years 1996 to 1998. The current incidence of TB is significantly lower than the provincial average. There is also a lower than average incidence of most types of cancer in the North Eastman Region when compared to the province as a whole. Similarly, death rate from cancer in the Region is lower than the provincial average for most cancers.

While some advances in the health of residents of the Region have been made in recent years, significant health concerns continue to exist. The North Eastman Region receives among the lowest per capita funding for health services among all regions in the province. Access to primary health care continues to be an issue, especially for

residents of the northern areas of the Region. The Regional Health Authority faces a number of difficult tasks as it strives to fulfill its mission to enhance the health of the people of the Region. The following sections present statistics for key health status indicators. The data often presents more questions than answers; information which will be sought as part of efforts to improve the health of residents of the Region.

2.2 Premature Mortality

Premature Mortality - Potential Years of life lost considers all deaths before age 75 and counts the years of life lost from the age at death to age 75. Premature mortality is an indicator of the overall health of a population. In North Eastman significant findings include:

- Including all premature deaths which occurred between 1994 and 1998, the rate of premature death in North Eastman was 374 deaths per 100,000 population compared to a rate of 346.6 / 100,000 population for the province as a whole.
- Among women, the leading causes of premature years of life lost are, in descending order, breast cancer, motor vehicle traffic accidents, lung cancer, and suicide. For men, the leading causes of premature yeas of life lost are ischemic heart disease, motor vehicle traffic accidents, suicide, and accidental drowning.
- In comparison to the province as a whole, North Eastman residents had higher average annual deaths from motor vehicle accidents, suicide, death from ill-defined or unknown causes, homicide/assault and fire/flames. In addition, for males there is higher number of deaths due to accidental drowning and cerebrovascular disease.

2.3 Standardized Mortality Rate

Standardized mortality rates are the annual number of deaths per 100,000 population, which would be observed in the population if it had the same composition as a reference (or standard) population. The standard population is the June 1, 1990 Manitoba population.

- The standardized death rate in North Eastman is 778.6 deaths per 100,000 population as compared to the provincial average of 754.2 death / 100,000.

2.4 Cause of Death

Causes of Death by Gender consider <u>all</u> deaths. Standardized mortality rate is the annual number of deaths by specific causes for the most prevalent causes of death, which would be observed in the population if it had the same age composition as the June 1, 1990 Manitoba population. Average annual death rate is considered for the years 1993 to 1997. For both men and women in North Eastman, the top three causes of death were ischemic heart disease, cerebrovascular disease and cancer of the trachea, bronchus and lung.

2.5 Infant Mortality Rate

Infant Mortality Rate is the ratio of deaths among infants under one year of age to the number of live births for a given period of time. Infant mortality is an indicator of the level of mortality, health status and level of health care of a country, the effectiveness of its preventive care and attention, and to the health of the mother and child.

- Considering infant deaths between 1994/95 and 1997/98, the average annual infant mortality rate for North Eastman is 7.68 deaths per 1,000 live births, compared to the provincial

average of 7.0 and the national (1991) average of 6.14. North Eastman ranks the fifth highest region in the province in infant mortality.

2.6 Birth Weight Rates

In 1998/1999 the Region had one of the highest incidence of low birth weight, at 52.7 cases per 1,000 live births, and high birth weight often associated with gestational diabetes at 166 cases per 1,000 live births. Low birth weight is associated with increased risk of infant morbidity and mortality.

2.7 Incidence of Selected Notifiable Diseases

Tuberculosis Incidence Rate – In 1999 there were 5.10 cases of active tuberculosis (TB) per 100,000 diagnosed in the Region compared to the provincial rate of 10.70 cases per 100,000. The incidence is down from 7.77 cases per 100,000 in 1998. Among the rural Regional Health Authorities (RHAs) (including Winnipeg, North Eastman had the fifth highest incidence of TB overall in the province in 1999.

Chlamydia Incidence Rate – Chlamydia is a sexually transmitted disease, which can lead to other health conditions such as infertility and ectopic pregnancies. In 1999 the incidence of chlamydia in the Region was 396.4 cases per 100,000. The incidence has decreased slightly over the past year and is one of the highest in the province. This condition was diagnosed twice as frequently in females than males probably due to opportunistic screening.

HIV Incidence Rate – HIV incidence rate is the number of new cases of laboratory confirmed infections with HIV per 100,000 population per year. For the Eastman Region as a whole there were no new cases of HIV infection and no cases of AIDS reported in either 1997 or 1998. However, the cumulative total of all cases of all HIV infections including all prior years is 13 cases, 11 males and two females.

Shigellosis Incidence Rate – Shigellosis incidence rate is the number of laboratory-confirmed cases of shigellosis per 100,000 population per year. Shigellosis incidence reflects general living conditions and fundamental public health pre-requisites (clean water, sanitation) as well secondary prevention. The shigellosis incidence rate in the Region in 1999 was 7.70 cases per 100,000 population. The incidence has decreased markedly since 1998 and is now the fourth overall in the Province.

2.8 Incidence of Selected Cancers

Reports the number of new cases of selected cancers per 100,000 in a given time period. The North Eastman Region ranks lower than the provincial average in deaths related to selected cancers, with higher than average rates of death related to cancer of the lung, ovaries, prostate, leukemias and the brain.

Melanoma Incidence – The incidence of Melanoma in the Region is low, with only nine cases diagnosed in the three years – 1994, 1995 and 1996. The incidence rate of melanoma including all cases diagnosed between 1995 and 1996 is 6.9 per 100,000 population for women and 10.6 per 100,000 for men, compared with the provincial average of 9.9 per 100,000 population for women and 9.4 per 100,000 for men.

Breast Cancer Incidence – The incidence of breast cancer in the Region is relatively low compared to other regions and the province as a whole. The incidence of breast cancer, including all cases for the year 1990 to 1996 is 99.4 per 100,000 population for women and

0.8 per 100,000 population for men, compared to the provincial average of 115.7 for women and 0.9 for men.

Cervical Cancer Incidence – The incidence rate of cervical Cancer, including all cases diagnosed between the years of 1990 and 1996 is 9.3 per 100,000 female population, compared to the provincial average of 10.2 per 100,000 female population.

Prostate Cancer Incidence – The incidence of prostate cancer in the Region is consistent with the provincial average with 170.2 cases per 100,000 male population, including all cases diagnosed 1990 to 1996. The provincial average for the same period of time in 167.5 cases per 100,000 male population.

2.9 Incidence & Prevalence of Diabetes

Incidence and prevalence of Diabetes Mellitus is a major health concern in the North Eastman Region. Incidence is the number of new cases of diabetes identified in physician office visits while prevalence is the total number of persons who have been diagnosed with diabetes.

- In 1996 the standardized incidence rate for diabetes mellitus in the Region was 4.4 cases per 1,000 population. The incidence in the First Nations population was 11.8 per 1,000 population.

- The prevalence of diabetes in the Region in 1996 was 49.5 cases per 1,000 population. The prevalence of disease among the North Eastman First Nations population is 151.8 per 1,000 as compared to 140.9 per 1,000 population in the province.

2.10 Mental Health

The mental health of the population has been measured using four indicators: psychological well being, prevalence of depression, incidence rate of suicide and hospital discharges related to major psychiatric causes.

Psychological Well-being is measured using the sense of coherence scales which was part of the National Population Health Survey (NPHS),1996. The sense of coherence is a positive measure of health, reflecting a view of the world that a) events are comprehensible, b) challenges are manageable, and c) life if meaningful. Minimum score is four, maximum is 78. The average score of residents of the Eastman Region age 18 and over is slightly lower than the province as whole.

Depression – From the National Population Health Survey, the proportion of individuals aged 12+ who have at least 90% probability of a major depressive episode were identified. For every region the incidence was less than 30, so that only provincial data could be released. In Manitoba, 4.9% of residents have tendency to major depression.

Suicide Incidence Rate – Suicide is an important preventable cause of death and of potential life years lost, particularly among youth. It has been described as a reflection of the "tip of the iceberg" of mental anguish and depression. The average annual suicide rate in North Eastman form 1993 to 1997 is 17.8 suicides per 100,000 population, the highest suicide rate among all regions in the province. The average annual standardized suicide rate for the province of Manitoba as a whole for the same time period is 11.4 suicides per 100,000 population.

Psychiatric Hospitalization – Hospital discharges due to major psychiatric causes including affective psychoses, schizophrenic psychosis, alcohol/drug dependence/psychoses, adjustment reaction, depressive disorder and senile/presenile conditions are included. In the year 1997/98 there were 408.1 discharges form hospital related to the above diagnoses, compared to an average of 451.2 per 100,000 population for the province. The rate of hospitalizations due to major psychiatric causes has increased in recent years in the Region although still lower than the provincial rate.

2.11 Function

Function is an indicator derived from NPHS survey responses to questions regarding disability days in the past two weeks, and perceptions of perfect health. Long term activity limitation is defined as any limitation or disability in normal activities, at home, school, or work. Perfect health is defined as the percent with perfect health, a score of 100% based on eight attributes: vision, hearing, speech, mobility, dexterity, cognition, emotion, and pain/discomfort.

- Residents of North Eastman reported an average of .92 disability days in the previous two weeks, a rate equal to the provincial average. Forty-three percent of residents perceived they had perfect health as compared to the provincial score of 32%.

2.12 Childhood Immunization Rates

The proportion of two year olds fully immunized by their second birthday provides a proxy outcome measure for the immunization program, a program that is highly effective in terms of illness prevention.

- In fiscal year 1998/99, the percentage of two-year olds fully immunized was somewhat lower than the provincial average.
- By the time children in the Region reach their seventh year, the percentage of fully immunized rises. At this age the percentage of children who have received no immunization ranges from 3% for DPT/DT to 6% for HIB. The immunization rates rise to close to the provincial average for diptherias, pertusses, tenanus and polio, but remains below average for the other immunizations.

2.13 Teenage Pregnancy

Teenage pregnancy rate is the ratio of the number of pregnancies among women aged 15 to 19 in relation to the total female population aged 15 to 19.

In 1997/98 the Region had a teenage pregnancy rate of 60 per 1,000 population, a rate slightly higher than the provincial average. It is noteworthy that the incidence of teenage pregnancy in the Region has steadily decreased over the past four years, from 101 pregnancies in 1994/95 to 88 pregnancies in 1997/98. However, the rate of teenage pregnancy in First Nations communities is significantly higher than the Region as a whole and higher than the comparable rate in the province.

2.14 Smoking

Smoking Rate is the proportion of regular smokers, age 15 and over who report smoking at least one cigarette per day. In 1996, 25% of North Eastman residents reported smoking regularly. This rate is among the highest in the province in relation to other regions. Incidence among persons aged 15 to 25 is not available. In 1997-1998 almost one third of mothers reported smoking during pregnancy.

2.15 Obesity

Obesity Rate is the proportion of the population aged 15 and over with a body mass index equal to or greater than 30.0. In 1996, 14.2% of North Eastman residents were found to be obese, compared to 11.2% in the province as a whole. The incidence was higher among men than women and increased significantly among persons 45 to 64 years of age.

2.16 Physical Activity

Physical Activity Level is indicated by the proportion of the population with inactive leisure time. In 1996, 54.3% of North Eastman residents reported being inactive, below the provincial average of 58.8%. More women reported inactive leisure time than men. The incidence increased with age.

2.17 Heavy Drinking

Proportion of heavy drinkers includes persons aged 15 and over who reported consuming 14 or more alcoholic drinks per week. In North Eastman, 6.7% of residents were heavy drinkers. This rate is higher than the provincial average of 6.1% and among the highest in relation to other rural RHAs.

2.18 Education Level

The proportion of North Eastman residents with less than nine years of schooling was 16.7% in 1996, compared to the Manitoba average of 12.6%.

2.19 Unemployment

Unemployment Rate is the proportion of the population age 15 and over who are actively looking for work. In 1996, the unemployment rate in the Region was 8.7%. The unemployment rate was higher among men than women, and higher than the provincial average of 7.7%.

2.20 Activities Associated with Assessment of Health Status

Community consultations were conducted in communities across the region, including Oakbank/ Springfield, Beausejour/ Brokenhead, Whitemouth/ Iron Rose, Lac du Bonnet/ Winnipeg River and Pine Falls/ Bluewater. Attendance at the meetings included members of municipal and town councils, schools, police, and health auxiliaries. In addition, discussions regarding the delivery of health services were held with the Councils of the Town of Lac du Bonnet, Town Site of Pine Falls, Town of Manigotagan and the R. M. of Whitemouth and Agassiz School Division No. 13. At these meetings health status information was shared and priorities in health care discussed.

2.21 Priorities Identified and Actions Taken

Health planning activities during the year focussed on priority health issues as identified in the Health Status Report. Planning activities included:

- Development of Primary Health Care as the focus for the delivery of community health services in the future, with a focus on health promotion and illness prevention programs to meet the priority health needs of the community as well as the treatment of episodic and chronic illness,

- Development of a Suicide Prevention Program in collaboration with other services in the region,

- Assessment of the housing support needs of elderly residents of the region with planning for development

of additional personal care home beds and supportive housing programs,

- The lack of sufficient funding to meet the priority health needs of the residents of the region continues to be a concern and a focus of ongoing discussions at the regional and provincial levels.

3. 1999/ 2000 YEAR'S ACTIVITIES

3.1 Changes for Core Areas

3.1.1 Health Promotion/Education

Health Promotion/Education is a set of programs and strategies designed to enhance the health and social well being of North Eastman residents by enabling individuals, families and communities to promote health, prevent illness, postpone disability and cope positively with existing disabilities. Currently health promotion activities are the responsibility of public health staff across the region.

A partnership was developed with the Alliance for the Prevention of Chronic Disease. A workshop was held within the region to assist staff to think creatively in developing health promotion responses. The region also participated in a provincial Health Promotion Consensus Workshop in the identification of health promotion priorities for the region and the province.

The first Primary Health Care Nurse position was created in the region in the Lac du Bonnet Health Centre. The nurse established a number of clinics to meet priority health needs of residents in the community including Well Women, Hypertension and Asthma Clinics. The Association plans to expand the number of Primary Health Care Nurses within the region as an integral component of the development of Primary Health Care Centres.

Health promotion continues to be a significant challenge in the region given the high incidence of many health problems and the low proportion of resources allocated to this area. Of particular concern is the health status of residents of the northern communities in the region. A Northern Health Planning Team was established to facilitate dialogue with residents of the road-accessible communities in the region regarding health issues and to identify strategies for the improvement of health.

3.1.2 Health Protection

Health Protection Programs continue to safeguard the health and safety of the public in accordance with the Public Health Act. Services are provided through the Public Health staff.

Development of the part-time position of Regional Immunization Coordinator has resulted in better coordination of immunization clinics within the region. The Coordinator assisted with the development of a regional plan for influenza vaccination with clinics held in communities across the region and in each of the facilities for health care staff.

Efforts continued throughout the year in the recruitment of a Medical Officer of Health for the region. This position is critical both in development of health

protection as well as health promotion programs.

3.1.3 Prevention and Community Health Services

Community health services work with individuals, families and groups in communities who are at risk of developing a health problem, disease or disorder and at reducing hazardous environments. Services include pregnancy / childbirth and parenting education, services to seniors, nutrition education, family health, prevention of injury/ chronic disease and diabetes education. Currently the Public Health staff take the lead role in planning and delivery of community services.

Clinical Dietician positions in the region were expanded to include provision of community-based consultation to individuals regarding diet management and education to groups in various communities.

A pilot project was conducted in collaboration with Fort Alexander First Nation community in the provision of diabetes education in the schools. The results of the pilot were very positive and will hopefully lead to further collaborative work in this area.

The incidence of diabetes in the region is high and is predicted to continue to increase at a steady rate among aboriginal people and the elderly. The recently released Manitoba Diabetes Strategy provides a framework for the development of a Regional Diabetes Program. This will be the focus of much effort in the upcoming years.

3.1.4 Treatment, Emergency and Diagnostic Services

These services include active treatment to reduce the impact of medical conditions or disorders, periodic treatment to manage longer-term disorders, hospital emergency and land ambulance services, and routine diagnostic services.

The acute care hospitals in the region provide emergency and inpatient care for people with acute and chronic health conditions with referral to Winnipeg for specialist consultation and tertiary care hospitalization. The one surgical program in the region is located at Beausejour District Hospital with a surgeon on site one-day per week for elective procedures. Pine Falls Health Complex is the site of the only obstetrical service in the region.

The care of persons who have experienced a heart attack (acute myocardial infarction) has been enhanced across the region with the introduction of the drug TPA emergency departments in Beausejour, Pinawa and Pine Falls. Administration of the drug soon after the symptoms of a heart attack occur can significantly decrease damage to the heart and shorten the recovery period.

The Interfacility Patient Transportation Program was developed as a pilot project. This service provides stretcher transportation of patients among facilities in the region and with Winnipeg. The service has resulted in efficiencies in the region through coordination of trips to Winnipeg, preventing the previous situation with two or more ambulances out of the region. The service has also resulted in reduced costs to the public and to the transporting facilities.

The region has a total of 80 acute care beds. This is a ratio of 2 beds per 1,000 population and is the target number of acute care beds established by Manitoba Health. The ever-increasing demand for emergency and acute care services at each of the hospitals compounded by the number of beds occupied by elderly persons awaiting placement in a long term

care facility has resulted in insufficient beds in one or more community at the present time. Transfer of patients among facilities has been required at times in order to provide appropriate care. The opening of the Kin Place Personal Care Home in the autumn 2,000 will provide some relief. The Association will continue to work to increase acute care efficiencies and develop alternate care options for the frail elderly.

Provision of acute care services are also challenged by the lack of nursing staff. All regions of the province and across the country experience the shortage of nurses. The Association has undertaken aggressive recruitment efforts targeted at recruitment of nurses from outside the province and the country. The Association has also developed collaborative relationships with educational institutions to enhance access to training close to home for Licensed Practical Nurses (through Assiniboine College) and Health Care Aides (through Agassiz Continuing Education).

3.1.5 Developmental and Rehabilitation Support Services

These services help to improve and maintain the functional independence of clients with impaired functioning from injury, chronic disorder or disability. Components of service include rehabilitation therapy and early childhood intervention.

The pre-school Speech Language Program, the 1st PLACE Program was developed in collaboration with Agassiz School Division No. 13. Through a purchase service agreement with the School Division, the Association was able to offer speech language services to all children in the region who could not access service through other sources. The 1st PLACE Program was developed to provide timely assessment, early intervention, and family- centred treatment services in home communities of children and adolescents across the region. The program also ensures continuity of programming when the child enters school, and works to enhance school readiness of children with language delays or difficulties.

Rehabilitation services for adults continues to be a gap in service. Beausejour Hospital has the only Rehabilitation Program in the region, offering both inpatient and outpatient care. Minimal Rehabilitation Service currently exists in the other hospitals, personal care homes and through Home Care in the region, resulting in long wait times for service within the region and/or access of rehabilitation services in Winnipeg. Adults requiring Speech Language Services are referred to Winnipeg due to a total lack of this service within the region. The Association has collaborated with other rural Regional Health Authorities in the province on development and submission of a proposal for future funding.

3.1.6 Home-Based Care Services

The Home Care Program in the region provides accessible, timely assessments and service to eligible clients. The program provides support to people enabling independence in one's own home, and facilitates individual and family involvement in development of individualized plans of care.

The number of clients receiving Home Care and the intensity of the services required continues to markedly increase in all communities. Home Care Coordinators work to provide timely assessment and access to Home Care services. The intensity of need has at times exceeded the available resources and delays have been experienced. The Home Care program is exploring new

ways of recruiting and training Home Support Workers for the program to meet the increasing need.

3.1.7 Long-Term Care

The goal of long-term care is to increase a person's physical, social and psychological functioning to a maximum level to promote functional independence and quality of life. A spectrum of services for the elderly are developed in order to provide support in the least intrusive setting possible. The region has a total of 150 personal care home beds in the region with facilities in Beausejour, Lac du Bonnet, Pine Falls and Whitemouth. A new 40-bed facility in Oakbank is scheduled to open in the autumn of 2000.

The Supportive Housing Program at Stony Plains Elderly Persons Housing Unit was adopted by the Association as a regular program. The Stony Plains Supportive Housing Program has been very successful in assisting frail elderly residents to maintain independence and in preventing admission to a Personal Care Home. This model is being explored for other communities in the region.

A process was initiated to increase the consistency of long term care services provided by all facilities in the region. Recreation programs in all facilities were expanded to the weekends to provide opportunities for activity and socialization for the residents. Developments in all facilities included formation of Resident Advisory Councils, adoption of Resident Bill of Rights, Pre-admission packages and standardized infection control programs. Elder Abuse Workshops were held for professionals and interested people across the region, resulting in development of a regional protocol for response to identified abuse. Over the next year the protocol will be finalized and communicated across the region.

3.1.8 Mental Health Services

Mental Health Services provide a response to residents of the region who suffer from mental distress. The program includes provision of assessment and treatment services, with emphasis on community-based programs. The Mental Health Team is composed of Adult Mental Health Workers, Child – Adolescent and Psychogeriatric Mental Health Workers, Psychology and Psychiatry consultation. Crisis Stabilization and Mobile Crisis Services are provided by the Salvation Army Services in Selkirk. Self-Help Services are provided by Eastman Self-Help, comprised of: Anxiety Disorders Association of Manitoba, Manitoba Schizophrenia Society, and Mood Disorders Association of Manitoba.

Planning efforts through the year focussed on development of a program of early intervention and suicide prevention. The team also developed a response for women who had experienced sexual assault to fill the gap by services previously provided outside of the region.

3.1.9 Substance Abuse/ Addictions

Substance abuse and addiction services are designed to provide timely assessment and appropriate referral to services for individuals suffering from abuse of drugs, alcohol or gambling. The Addictions Foundation of Manitoba is responsible for the provision of substance abuse and addiction services in the province.

The Health Status Report identifies a significant proportion of residents in the region who report a high intake of alcohol. There is a need to assess the accessibility of current addiction services in the region and for collaborative planning with the

Addiction Foundation of Manitoba to develop a response to this issue.

3.1.10 Palliative Care

Palliative Care is the provision of skilled, compassionate care for persons whose disease does not respond to curative treatment. Interdisciplinary team members, both professional and volunteer provide care and support across the region. A regional Palliative Care Advisory Committee provides guidance and support to ongoing development of the program.

The Palliative Care Coordinator was selected by the Canadian Palliative Care Association to provide leadership to development of training for home support workers across the province. The Coordinator will be working with counterparts across the province in implementation of the program. The development of an in-home charting system for palliative care clients has enhanced communication among care providers and family members.

3.1.11 Capital Planning/Development

Capital planning activities in the region during the year include:

- Replacement of the mobile X-ray unit at Pine Falls Health Complex,
- Telephone system upgrade across the Region,
- Radiology suite for the new Beausejour Hospital,
- Installation of the reverse osmosis system for the dialysis unit at Pine Falls Health Complex,
- Installation of a nurse call system at Stony Plains Supportive Housing Program,
- Significant progress made on construction of the Kin Place Health Complex (Primary Health Care Centre and Personal Care Home) in Oakbank,
- Significant progress made on construction of the Beausejour Health Complex (Hospital and Primary Health Care Centre), and
- Approval to proceed with renovations to the Community Health Offices in Manigotagan, Seymourville and Bissett.

4. AUDITED FINANCIAL STATEMENT

Statement of Operations – Year Ended March 31, 2000

	2000	1999
REVENUE		
Manitoba Health Income	$20,772,971	$ 19,673,281
Non-insured Income	1,856,709	1,816,434
Offset Income	868,895	643,186
Amortization of deferred contributions	1,072,944	1,009,988
Year 2000 income	923,919	227,408
Ancillary income	262,900	271,207
	$25,758,338	$23,641,504
EXPENDITURES		
Acute Care – Institutional based	6,587,570	6,106,306
Long Term Care – Institutional based	6,902,366	6,437,270
Long Term Care – Home based	3,668,964	3,241,080
Health Promotion/Prevention and Primary Care	2,705,302	2,370,153
Regional Health Authority	1,137,803	742,975
Lab and Imaging Services	911,026	866,599
Northern Patient Transportation Program	68,339	78,048
Land Ambulance Program	518,421	374,643
Dialysis	177,663	225,841
Medical remuneration	1,080,350	705,978
Interest	494,668	547,617
Depreciation	1,071,344	1,023,367
Year 2000 expenditure	923,919	229,139
Ancillary operations operating expenses	220,430	229,476
Ancillary operating depreciation	42,311	33,324
	$26,510,476	$23,211,816
(DEFICIENY) EXCESS OF REVENUE OVER EXPENSES BEFORE INTEREST AND OTHER	(752,138)	429,688
Interest income	133,441	147,658
Other	-	(134,000)
(DEFICIENY) EXCESS OF REVENUE OVER EXPENSES BEFORE THE FOLLOWING	(618,697)	443,346
Manitoba Health Funding prior years	303,733	-
EXCESS OF REVENUE OVER EXPENSES	$(314,964)	$443,346

This financial information was extracted from the Annual Financial Statements reported on by Deloitte & Touche in the Audit Report dated June 4th, 1999. A complete set of Financial Statements and Auditor's Report may be obtained from the Health Authority.

5. APPENDIX

APPENDIX (1)

District Health Advisory Councils
and
Provider Advisory Council

DHAC Purpose

The District Health Advisory Council (DHAC) is intended to be the focal point for community participation, access to the North Eastman Health Association Inc. and the health services planning process. The DHAC strive to evoke and bring into focus the community's strengths, interests and capacity for improved population health.

PAC Purpose

The Provider Advisory Council

- *Provide a multi-disciplinary forum for consultation with the NEHA on matters involving and having an effect on health services delivery within the region.*
- *Facilitate and proactively promote communications between the NEHA and providers.*
- *Promote an effective and collaborative working relationship among regional health service providers.*

The North Eastman Health Association Board of Directors would like to extend its sincerest thanks to both DHAC and PAC members for their dedication, time and effort to the organization.

District Health Advisory Council - North

Marlene Farrell ***Chair*** – *Victoria Beach*
Richard Howard – *Seddon's Corner*
Andy Totin – *Bissett*
Al Tymko – *Beausejour*
Bob Shaley – *Lac du Bonnet (resigned Jan.00)*
Fernand Vincent – *Lac du Bonnet (resigned)*
Charles Dalrymple – *Traverse Bay*
Audrey Seymour – *Wanipigow (resigned)*
Mary Spitz – *Pinawa*
Karl Gugenheimer – *Great Falls*
Shirley Lavallee – *Pine Falls*

District Health Advisory Council - South

Gerrit Boonstra ***Chair*** – *Garson*
Rita Bell – *Whitemouth*
Paul Wiebe – *Oakbank*
Irene Young – *Springfield*
Dorothy DuGray – *Tyndall*
Pat Porth – *Seven Sisters (resigned Jan.00)*
Anne Percy – *Dugald*
Vivian Weger – *Tyndall*
Diane Kelly – *Seven Sisters Falls*
Elsie Senkow – Hadashville

Provider Advisory Council

Barbara Bromilow ***Chair***– *Dugald*
Barbara Birch – *Beausejour*
Donna Dickey – *Beausejour*
May Fast – *Pinawa (resigned June 99)*
Monique Oakley – *Beausejour (resigned Mar. 00)*
Dr. Daphne Schmidt – *Beausejour (resigned Nov. 99)*
Jodene Toews – *East Selkirk (resigned Dec.99)*
Ronald Williscroft – *Pine Falls*
Lucille Chay – *Beausejour (resigned May99)*
Sharon Bissonnette – *Whitemouth (resigned June 00)*
Jeannette Schmidt – *Pine Falls*
Cheryl Smith – *Lac du Bonnet*
Sharlene Thompson – *Beausejour*
Debbie Viel – *Beausejour*
Wendy Chen – *Pinawa*